

PUBLIC HEALTH AND MEDICAL SITUATION REPORT
INFLUENZA, JANUARY 2014
DATE OF REPORT: JANUARY 10, 2014
OPERATIONAL PERIOD: JANUARY 10, 2014
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH)
EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA)

EXECUTIVE SUMMARY

California is seeing an accelerated increase in flu activity over the past few weeks. While influenza activity varies from year to year and is unpredictable, California generally sees an increase in cases in late December or early January and influenza activity usually peaks in February or March. According to CDPH surveillance indicators, influenza activity has been increasing steadily since Mid-December and is now considered to be widespread. For the week ending January 4, 2014 there were more hospitalizations for pneumonia and influenza than expected, based on historical trends. As of January 4, there have been seven confirmed influenza deaths in persons under 65 years of age reported to CDPH. Twenty-eight more deaths are under investigation. Only influenza deaths in persons less than 65 years of age are reportable in California. The H1N1 strain appears to be the predominant strain so far this flu season and is one that is contained in the current flu vaccine. Vaccination is recommended for everyone six months of age and older, but is particularly important for those persons at higher risk of severe influenza, like pregnant women, obese persons and persons with certain underlying medical conditions.

CDPH and EMSA activated the Medical and Health Coordination Center (MHCC, formerly the Joint Emergency Operations Center) at noon on January 10, 2014 in response to an increase in influenza-like illness (ILI) and medical surge occurring throughout California.

DUTY OFFICERS ON CALL

Table 1. Duty Officers On Call		
Agency/Program	Duty Officer Information	
CDPH Duty Officer	Name:	Deborah Holmes
	Contact Information:	916-328-3605
EPO Duty Officer	Name:	Jean Paradis
	Contact Information:	916-328-9025
EMSA Duty Officer	Name:	Bill Campbell
	Contact Information:	916-553-3470

CDPH/DHCS/EMSA CURRENT OPERATIONS

CDPH:

Division of Licensing and Certification (L&C)

L&C began issuing program flexes at General Acute Care Hospitals (GACH) and Skilled Nursing Facilities (SNF) related to surge on January 7, 2014. L&C continues to monitor GACH's and SNF's and evaluate the need for flexes on an ongoing basis.

- Two hospitals are using surge tents.
- One hospital is reporting increased staff illnesses and transfer of patients to other facilities.
- One hospital has requested program flexes and is on diversion.
- One SNF is reporting surge due to influenza and an outbreak of norovirus.

Division of Communicable Disease Control (DCDC)

DCDC is tracking ILI cases throughout California, assisting local health departments (LHD's) with sample analysis and providing summary reports of ILI activity throughout the state.

Outpatient ILI during Week 1 (5.2%) exceeded expected levels for this time of year. 3,431 specimens were tested during Week 1:

- 980 (28.6%) were positive for influenza virus; of these
 - 34 (1.0%) were influenza B and
 - 946 (27.6%) were influenza A
 - 11 (1.2%) were subtyped as seasonal A (H3)
 - 249 (26.3%) were subtyped as 2009 A (H1)
 - 686 (72.5%) were not subtyped.
- Three laboratory-confirmed influenza deaths were reported during Week 1.
- Two laboratory-confirmed influenza outbreaks were reported during Week 1.
- No cases of novel influenza have been detected in California to date.

Emergency Preparedness Office (EPO)

EPO has activated and is staffing the MHCC in collaboration with EMSA, and has conducted a Hospital Available Beds for Emergencies and Disasters (HAvBED) poll. EPO management participated in a media call on January 10, 2014 and will conduct a stakeholder teleconference on January 14, 2014 at 1:00 p.m.

HAvBED Poll Data

	Avail ICU	Avail MedSurg	Avail PICU	Avail PED	Avail ISO	Vent
Region 1	202	649	57	275	238	1218
Region 2	194	470	26	77	107	306
Region 3	25	138	9	43	30	*Not Reported
Region 4	30	146	21	26	39	*Not Reported
Region 5	-2	40	15	11	7	144
Region 6	99	282	4	82	117	410

The table above contains the best available information as of the date of this report and should be considered preliminary. Ninety three percent of hospitals participating in the Hospital Preparedness Program submitted data.

*CDPH will seek clarification on the values not reported.

Definitions

Avail ICU: Number of available beds that can support ill/injured patients including ventilator support

Avail MedSurg: Also thought as Ward Beds

Avail PICU: Same as adult ICU, but for patients 17 years and younger

Avail PED: Number of medical/surgical beds for patients 17 years and younger

Avail ISO: Number of available beds requiring negative airflow, providing respiratory isolation

Vent: Number of available ventilators

The Emergency Pharmaceutical Services Unit (EPSU) has contacted Genentech, the manufacturer of Tamiflu to verify that there is no shortage of Tamiflu at the manufacturer level. Genentech reports that they continue to allocate supplies to their wholesalers to avoid hoarding and has requested that CDPH notify them of any outages/shortages. The MHCC is coordinating information collection, reporting from HAvBED and local situation reports and compilation of the CDPH/EMSA Public health and Medical Situation Report.

EMSA:

EMSA has provided staff to participate at the MHCC and is coordinating with the Regional Disaster Medical and Health Coordination (RDMHC) Program to collect information from local emergency medical services agencies (LEMSA) and Medical/Health Operational Area Coordinators (MHOAC).

STATE/REGION OVERVIEW

Table 2. State/Region Overview		
Region/State	Proclamation/ Declaration	Activation
CalEMA SOC	N/A	Not activated
CalEMA Northern REOC	N/A	Not activated
CalEMA Southern REOC	N/A	Not activated
MHCC	N/A	Activated Level 1

OA MEDICAL AND HEALTH SYSTEM OVERVIEW

Table 3. OA Medical and Health System Overview				
Operational Area	Proclamation/ Declaration	Activation	System Condition	Prognosis
Mutual Aid Region II				
Lake	None	None	Yellow	Improving
Marin	Public Health Advisory			
Mendocino	Health Advisory (Disease Outbreak)	EMS/LHD DOC	Red	Worsening
Santa Clara	None	None	Yellow	worsening

CURRENT IMPACTS/ACTIONS

Table 5. Current Impacts/Actions – MHCC	
Branch	Situation Status
State/Regional Coordination Branch	Activated

Table 8. Current Impacts/Actions – Operational Areas		
State/Region	Categories	Situation Status
Mutual Aid Region II		
Lake	Summary of OA Situation	An uptick in influenza activity was noted following the New Year beginning with a self-limited outbreak of influenza-like-illness in

Table 8. Current Impacts/Actions – Operational Areas

State/Region	Categories	Situation Status
	Report	the jail. St. Helena Hospital Clearlake (SHHC) is reportedly at capacity (25 bed critical access) and recently experienced difficulty transferring patients to other hospitals due to limited bed availability at the usual receiving hospitals. This is reportedly improving.
	Priorities	Monitor local bed availability and ability to transfer patients requiring higher levels of care Continue to widely promote influenza vaccination and use of non-pharmacologic infection control measures
	Resource Requests (Anticipated)	Not Reported
	Financial Impacts	Not Reported
Mendocino	Summary of OA Situation Report	<p>Since Jan 1, 2014 the LHD has been receiving increasing numbers of reported ILI from all health care partners. The LHD has seen a sharp increase in admissions and acuity of the patients presenting with ILI daily. At this time all 3 hospitals med/surg and ICU beds are strained to capacity. We have transferred 2 patients out of County to tertiary care, including 1 pediatric to Children's Hospital, Oakland and 1 adult needing ECMO which we are incapable of performing in the OP Area. The Local Health Officer (LHO) has been requested to release and provide a limited quantity of oseltamivir phosphate (Tamiflu) to the Op Area hospitals who have run out. The LHD has surveyed pharmacies in the OP Area for quantities held and availability of the needed med and their ability to sustain demand. The LHO has been in contact with the CDPH EPO pharmacist to advise him of our current state and situation.</p> <p>One of the OP Area Assisted Living facilities is currently experiencing a Noro Virus outbreak. This Noro event in conjunction with the H1N1 outbreak has strained the Op Area (PH EPI/Disease Control Unit).</p>
	Priorities	<ol style="list-style-type: none"> 1. Maintain adequate med surge and ICU beds for the increased admissions of ILI admitted patients. 2. Develop and distribute appropriate medical care treatment guidelines for clinicians 3. Ensure appropriate and timely public preventive measures and information. 4. Continue to support and sustain clinical providers in caring for and treating afflicted patients as the event continues. 5. Open and establish a dialogue with State and regional partners on the continued response.
	Resource Requests (Anticipated)	Not Reported
	Financial Impacts	Not Reported
	Priorities	Not Reported
	Resource	Not Reported

Table 8. Current Impacts/Actions – Operational Areas		
State/Region	Categories	Situation Status
	Requests (Anticipated)	
	Financial Impacts	Not Reported
Santa Clara	Summary of OA Situation Report	Over the past 30 days there has been an increase in reports of patients presenting to hospitals with influenza like illness symptoms. Hospitals within the Operation Area have reported an increase in ED patient volume of 10 - 30% versus the same period last year.
	Priorities	<p>1. To ensure the effective and efficient operation of the Santa Clara County Emergency Medical Services System, including assuring the provision of safe, effective, and quality pre-hospital care.</p> <p>2. Actively monitor and assess for threats that may impact the Santa Clara County Emergency Medical Services System, take appropriate actions to report, respond to, and mitigate any issues that arise</p> <p>3. Maintain situational awareness and resource status by engaging stakeholders and maintaining communication.</p> <p>4. Provide public information and education.</p> <p>5. Provide technical and professional information stakeholders .</p>
	Resource Requests (Anticipated)	Not Reported
	Financial Impacts	Not Reported
Mutual Aid Region IV		
Placer	Summary of OA Situation Report	<p>Kaiser Roseville is experiencing heavy emergency department traffic; still open to ambulance traffic.</p> <p>Sutter Roseville is considering activating surge plan.</p> <p>Sutter Auburn reports high census.</p>
	Priorities	Not Reported
	Resource Requests (Anticipated)	Not Reported
	Financial Impacts	Not Reported
	Financial Impacts	Not Reported
Stanislaus	Summary of OA Situation Report	Doctor's Medical Center is experiencing an internal disaster with a full emergency department. The facility remains open for ambulance traffic.
	Priorities	Not Reported
	Resource Requests	Not Reported

Table 8. Current Impacts/Actions – Operational Areas		
State/Region	Categories	Situation Status
	(Anticipated)	
	Financial Impacts	Not Reported
Mutual Aid Region V		
Kern	Summary of OA Situation Report	San Joaquin Community Hospital (Bakersfield) has enacted medical surge protocols including early discharge and cancelling elective surgeries and has requested flex for treating patients in non-clinical areas. District L&C has granted flex requests. Bakersfield Memorial Hospital has requested flex to use ICU beds for telemetry beds. District L&C has granted flex requests.
	Priorities	Not reported
	Resource Requests (Anticipated)	Not reported
	Financial Impacts	Not reported
Mariposa	Summary of OA Situation Report	John C. Fremont hospital has closed to all under the age of 14. While increase in Influenza, GACH is experiencing an increase in unknown etiology of GI Symptoms. Currently waiting for lab results. Extended Care wing of John C. Fremont is closed to all visitors due to increase in unknown etiology of GI Symptoms. Currently waiting for lab results. Unknown if related to Influenza A.
	Priorities	Not reported
	Resource Requests (Anticipated)	Not reported
	Financial Impacts	Not reported

MHCC PUBLIC INFORMATION

Press Releases Issued

For this initial reporting period, following is a list of federal and state influenza/ILI alerts issued in the past 30 days:

- CDC Health Advisory on Dec. 24, 2013 titled “Notice to Clinicians: Early Reports of pH1N1-Associated Illnesses for the 2013-14 Influenza Season”
- CDPH Health Advisory on Dec. 30, 2013 titled “Severe Influenza due to Influenza A (H1N1) pdm09 (pH1N1) Virus”

Public Health Advisories in Effect

Not reported

Media Contacts of Note

List of all media inquiries regarding the flu for the past month (Dec. 10 – Jan. 9):

Angelina Wong, KTSF-TV (San Francisco)
Barbara Anderson, Fresno Bee
Bob Moffitt, KXJZ-FM (Capital Public Radio, Sacramento)
Brandon Castillo, Capitol Television News Service
Connie Kim, KNTV-TV (San Jose)
Cynthia Craft, Sacramento Bee
Elissa Harrington, KGO-AM (San Francisco)
Erin Allday, San Francisco Chronicle
Jamie Hansen, Santa Rosa Press Democrat
Janet Lavelle, The Tribune (San Luis Obispo)
Janet Zimmerman, Riverside Press- Enterprise
Jim Jakobs, KFSN-TV (Fresno)
JP Crumrine, Idyllwild Town Crier (Riverside County)
Kellee Roman, KTVU-TV (San Francisco)
Landon Hall, Orange County Register
Lisa Aliferis, KQED-FM (Northern California)
May Chow, KSBW-TV (Monterey)
Pauline Bartolone, KXJZ-FM (Capital Public Radio, Sacramento)
Rachel Dornhelm, KQED-FM (San Francisco)
Sarah Rohrs, Vallejo Times Herald
Sharokina Shams, KCRA-TV (Sacramento)
Shawn Murphy, KNTV-TV (San Jose)
Susan Abrams, Los Angeles Daily News
Suzanne Sullivan, KGET-TV (Bakersfield)
Tom Kiskien, Ventura County Star

MHCC RESOURCE REQUESTS

Not Reported

MHCC FINANCIAL IMPACTS

Not applicable